

## APPLICATION FOR TEMPORARY EMPLOYMENT

20 North Main Street Brigham City, Utah 84302 (435) 734-2001

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Name				Social Security #				
	Last	First	Middle	<del>-</del>	·			
Address -	Street			City	State	Zip Code		
Telephone #_	( )			Mobile/C	Other Phone # (	_)		
Position appl	ied for							
Date of Appl	ication							
If necessary, best	time to call yo	ou at home is		_	• •	mployees are required to		
May we contact you at work?□ Yes □ No  If yes, work number and best time to call  ()  Have you submitted an application here before? □ Yes □ No If yes, give date(s) and position(s)				have a valid Utah drivers license.  Driver's license # Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.				
		nere before?□ Yes		or been con	ver pled "guilty" or "victed of a crime?	□ Yes □ No		
Are you legally e country? □ Yes □ No	ligible for emp	ployment in this		if <b>yes</b> , pleas	e provide date(s) and	i detaiis		
Date available for	r work	//						
What is your desi		ge or hourly rate of p er	ay?					
If they have been	explained to y	? Yes □ N  You, are you able to n the position?	SKILLS AND QUALIFICATIONS Summarize any special training, skills, licenses and/or certifications that may assist you in performing the position for which you are applying.					
□ N/A □ Yes  Will you work ov  If <b>no.</b> please expl	□ No vertime if requi			·				

Starting with your following informat	most recent school attended, provide the
U	
School	Years Completed
School	Years Completed
School	Years Completed
PLEASE MAKE S	SURE YOU HAVE FILLED IN ALL
THE BLANKS OF	WRITTEN N/A WHERE IT DOES

THE BLANKS OR WRITTEN N/A WHERE IT DOES NOT APPLY.

	EMPLOYMENT (Starting with you Employer	ir most recent e				Add addit Phone #		eessary.	
	Address					i none "			
	D. 1 1	/	1	Tr. /	City		State		
	Dates employed: Compensation		/ ☐ Salary	10 <u>/</u> , \$		Per			
	Compensation	□ Hourry	□ Salary	Ψ					
	Immediate supervi May we contact for Why did you leave	or reference?							
	Summarize the type	pe of work perf	formed and job	responsibiliti	es.				
	REFERENCES List name and tele If not applicable, l						to you and <i>are no</i> :	<u>t</u> previous supervisors.	
	Name	nst three school	Title	erences who	Relationship		Telephone	# of years known	7
	Name		Title		Kelationsinj	o to you	Тетернопе	# Of years known	}
									_
									1
									J
APPLICANT	Is there any other STATEMENT		·		·				
A drug test will	be required of application	ants who are offe	red conditional of	ffers of employ	ment.				
	orporation shall requi s, or persons with dis					ho is applyi	ng for a position inve	olving interaction with chi	ldren (minors),
I certify that all i	information I have pr	ovided in order t	o apply for and se	cure work with	h this employer is	true, comple	ete and correct.		
I expressly authorized employers, public job interview. I	orize, without reserva ic agencies, licensing hereby waive any an	ation, the employ authorities and e d all rights and c	er, its representati educational instructions I may have i	ves, employees ctions and to o regarding the e	s or agents to cont therwise verify the employer, its agent	act and obta e accuracy o	in information from f all information pro ss or representatives,	all references (personal ar wided by me in this applica- for seeking, gathering and furnishing such information	ation, resume or d using truthful
	t this employer does i on for employment o					application	is used for the purpo	ose of limiting or eliminati	ng any applicant
	t this application rem				of that time, if I ha	ave not hear	d from the employer	and still wish to be consid	lered for
employment at a employment for	ny time, with or with any specified period	out cause and wi or definite durati	th or without prio on. I understand	r notice, excep that no superv	t as may be requir isor or representat	ed by law.	This application doe nployer is authorized	reserves the same right to to not constitute an agreeme d to make any assurances to by the employer's Mayor.	ent or contract for o the contrary
	d that if I am hired, I to Form in this regard		o provide proof o	f identify and	legal authorizatior	n to work in	the United States an	d that federal immigration	laws require me
	t any information pro consideration for em							ect, will be sufficient cause discovered.	e to (1) eliminate
DO NOT SIGN	UNTIL YOU HAVE	EREAD THE AB	OVE APPLICAN	T STATEME	NT.				
I certify that I ha	ive read, fully unders	tand and accept a	all terms of the for	regoing Applic	ant Statement.				
Signature o	of Applicant						Date	<u>/</u>	